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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Doctor Number (1) (4) (4) (5)										25 7
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL							ENTITY	OR		R THAN ENTITY
FOR NUMBE			ER FILED	ED NUMBER EXTRA		RATE	FEE	1	RATE	FEE
BASIC FEE (37 CFR 1.16(a))			_				s	OR		.7700
	TAL CLAIMS CFR 1.18(c))	29	29 minus 20 =		9	X E		OR	xs/8 -	11.200
84	DEPENDENT CLA	IMS 2	minus	3	4	x1		OR	X S	100
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1	 	1		
"If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	<u> </u>	Ph
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A	6665	CLAIMS REMAINING AFTER AMENDMENT		. HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	27	Minus	" 29	*	x 25 a		OR	x \$ <u>50 </u>	\
	Independent (NF OFR 1.16(b))	2	Minus	"3	*	x:100-		OR	x :200 -	
¥	FIRST PRESENT	TATION OF MULTIPL	E DEPENO	ENT CLAIM (37 C	FR 1.16(4))	+180-		OR	+360-	
						TOTAL ADD'L FEE		OR '	TOTAL	
		10-h 4)		(C-t 2)	(C-1 2)	VDDT LEE		J OK	ADD'L FEE	
_		(Column 1)		(Column 2) HIGHEST	(Column 3)			1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (22 CFR 1.16(d)	•	Minus	*	=	x s=		OR	X \$=	
	independent (37 CFR 1,16(b))	•	eunlM	*	•	x 8=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))					+:		QR	+: =	
						TOTAL ADO'L FEE		OR .	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)	•	÷			
	i i	CLAIMS		HIGHEST		1				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (87 CFR 1.18(c))		evniM	41	٠	x se	·]	OR	x s =	
Ž,	Independent pr CFR 1.15(b))	•	Minus	941	•	x s		OR	x \$c	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) + \$ 4						OR	+ ş =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* if the entry in column 1 is less than the entry in column 2, write "O' in column 3. ** if the "Highest Number Previously Peld For" IN THIS SPACE is less than 20, enter "20".										
"If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter 20. "If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or ouggestions for routing this burden, should be sent to the Chief Information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.